

In re application of  
 Greg Fahy  
 Application No.: 10/066,285  
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Atty. Dkt. No. 074066-0115

☒ The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	37	-	38	-	0	x	\$18.00	=	\$0.00
Independent Claims:	4	-	4	-	0	x	\$86.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$290.00	=	\$0.00
CLAIMS FEE TOTAL									\$0.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$420.00	\$0.00
<input checked="" type="checkbox"/> Extension for response filed within the third month:	\$950.00	\$950.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,480.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,010.00	\$0.00
EXTENSION FEE TOTAL:		\$950.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$110.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$950.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract 1/2 of above):		\$475.00
TOTAL FEE:		\$475.00

☒ Please charge Deposit Account No. 50-0872 in the amount of \$475.00. A duplicate copy of this transmittal is enclosed.

☐ A check in the amount of \$475.00 is enclosed.

10/06/2004 DDUEKETT 00000005 500872 10066285

01 FD:2253 475.00 DA

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DLMR259722.1

PAGE 3/16 \* RCVD AT 9/23/2004 7:58:33 PM (Eastern Daylight Time) \* SVR:USPTO-EFXRF-1/0 \* DNS:8729306 \* CSID: \* DURATION (mm-ss):04-08